



Robert Greene Sterne  
Edward J. Kessler  
Jorge A. Goldstein  
David K.S. Cornwell  
Robert W. Esmond  
Tracy-Gene G. Durkin  
Michele A. Cimbalà  
Michael B. Ray  
Robert E. Sokohl  
Eric K. Steffe  
Michael O. Lee  
Steven R. Ludwig  
John M. Covert  
Linda E. Alcorn  
Robert C. Millonig  
Lawrence B. Bugaisky  
Donald J. Featherstone  
Michael V. Messinger

Judith U. Kim  
Timothy J. Shea, Jr.  
Patrick E. Garrett  
Heidi L. Kraus  
Edward W. Yee  
Albert L. Ferro  
Donald R. Banowitz  
Peter A. Jackman  
Molly A. McCall  
Teresa U. Medler  
Jeffrey S. Weaver  
Kendrick P. Patterson  
Vincent L. Capuano  
Albert J. Fasulo II\*  
Eldora Ellison Floyd  
Thomas C. Fiala  
Brian J. Del Buono  
Virgil Lee Beaston\*

Kimberly N. Reddick  
Theodore A. Wood  
Elizabeth J. Haanes  
Bruce E. Chalker  
Joseph S. Ostroff  
Frank R. Cottingham  
Christine M. Lhulier  
Rae Lynn Pregonman  
Jane Shershenovich\*  
Lawrence J. Carroll\*  
George S. Bardmesser  
Daniel A. Klein\*  
Rodney G. Maze  
Jason D. Eisenberg  
Michael A. Specht  
Andrea J. Kamage  
Tracy L. Muller  
Jon E. Wright\*

LuAnne M. Yuricek\*  
**Registered Patent Agents\***  
Karen R. Markowicz  
Nancy J. Leith  
Ann E. Summerfield  
Helene C. Carlson  
Gaby L. Longworth  
Matthew J. Dowd  
Aaron L. Schwartz  
Angelique G. Uy  
Mary B. Tung  
Katrina Y. Pei  
Bryan L. Skelton  
Robert A. Schwartzman  
John J. Figueroa  
Timothy A. Doyle  
Jennifer R. Mahalingappa

AF/1646  
C/S  
Teresa A. Colella  
Jeffrey S. Lundgren  
Victoria S. Rutherford

**Of Counsel**  
Kenneth C. Bass III  
Lisa A. Dunner  
Evan R. Smith

\*Admitted only in Maryland  
\*Admitted only in Virginia  
•Practice Limited to  
Federal Agencies

August 11, 2003

**WRITER'S DIRECT NUMBER:**  
(202) 772-8582

**INTERNET ADDRESS:**  
PJACKMAN@SKGF.COM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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AUG 15 2003

TECH CENTER 1600/2900

Re: U.S. Utility Patent Application  
Appl. No. 09/756,283; Filed: January 9, 2001  
For: **Latent Fusion Protein**  
Inventors: Chernajovsky *et al.*  
Our Ref: 0623.1000000/LBB/PAJ

Sir:

Transmitted herewith for appropriate action are the following documents:

1. Fee Transmittal Form (PTO/SB/17);
2. Petition for Extension of Time Under 37 C.F.R. § 1.136(a)(1);
3. Notice of Appeal from the Examiner to the Board of Patent Appeals and Interferences - Small Entity;
4. Amendment and Reply Under 37 C.F.R. § 1.116;
5. Credit Card Payment form in the amount of \$365.00 to cover:  
Extension of Time (Small Entity) \$205.00; and  
Notice of Appeal (Small Entity) \$160.00; and
6. One return postcard.

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier. In the event that extensions of time are


Commissioner for Patents  
August 11, 2003  
Page 2

necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

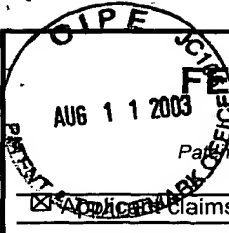
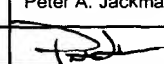
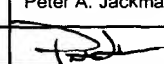
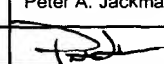
STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.



Peter A. Jackman  
Attorney for Applicants  
Registration No. 45,986

PAJ:aye  
Enclosures

::ODMA\MHODMA\SKGF\_DC1;166049;1  
SKGF Rev. 2/15/02 dew; 4/18/03 svb

| FEE TRANSMITTAL<br>for FY 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    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|  <p>Patent fees are subject to annual revision.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | Application Number          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| <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     | Filing Date              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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                 | Examiner Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| TOTAL AMOUNT OF PAYMENT (\$) <b>365.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    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| METHOD OF PAYMENT (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     | FEE CALCULATION (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other** <input type="checkbox"/> None<br>** Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036.<br><br><input type="checkbox"/> Deposit Account<br>Deposit Account Number 19-0036<br>Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C.<br><br><b>The Commissioner is authorized to: (check all that apply)</b><br><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any over payments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.                                                                   |                                                                                     | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1502</td><td>50</td><td>2052</td><td>25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td>205.00</td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td>160.00</td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |                      | Large Entity                                                               |          | Small Entity    |                                                                                     | Fee Description | Fee Paid | Fee Code                                           | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051               | 65 | Surcharge - late filing fee or oath |     | 1502 | 50  | 2052              | 25 | Surcharge-late provisional filing fee or cover sheet |     | 1053 | 130 | 1053             | 130 | Non-English specification |     | 1812 | 2,520 | 1812               | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 1804 | 920* | 1804                   | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 1251  | 110 | 2251           | 55 | Extension for reply within first month |              | 1252     | 410 | 2252  | 205           | Extension for reply within second month | 205.00 | 1253   | 930  | 2253               | 465 | Extension for reply within third month |  | 1254 | 1,450        | 2254 | 725          | Extension for reply within fourth month |                 | 1255     | 1,970    | 2255     | 985      | Extension for reply within fifth month |      | 1401 | 320  | 2401 | 160                    | Notice of Appeal | 160.00 | 1402 | 320  | 2402 | 160                               | Filing a brief in support of an appeal |      | 1403 | 280  | 2403 | 140                                   | Request for oral hearing |      | 1451 | 1,510 | 1451 | 1,510                                             | Petition to institute a public use proceeding |      | 1452 | 110  | 2452 | 55                                                        | Petition to revive - unavoidable |                               | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 1051                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 130                                                                                 | 2051                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 65                   | Surcharge - late filing fee or oath                                        |          |                 |                                                                                     |                 |          |                                                    |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |       |     |                |    |                                        |              |          |     |       |               |                                         |        |        |      |                    |     |                                        |  |      |              |      |              |                                         |                 |          |          |          |          |                                        |      |      |      |      |                        |                  |        |      |      |      |                                   |                                        |      |      |      |      |                                       |                          |      |      |       |      |                                                   |                                               |      |      |      |      |                                                           |                                  |                               |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                                |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |
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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2,520                | For filing a request for <i>ex parte</i> reexamination                     |          |                 |                                                                                     |                 |          |                                                    |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 1805                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1,840*                             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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1,840*               | Requesting publication of SIR after Examiner action                        |          |                 |                                                                                     |                 |          |                                                    |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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unavoidable                                           |          |                 |                                                                                     |                 |          |                                                    |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |       |     |                |    |                                        |              |          |     |       |               |                                         |        |        |      |                    |     |                                        |  |      |              |      |              |                                         |                 |          |          |          |          |                                        |      |      |      |      |                        |                  |        |      |      |      |                                   |                                        |      |      |      |      |                                       |                          |      |      |       |      |                                                   |                                               |      |      |      |      |                                                           |                                  |                               |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                                |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |
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unintentional                                         |          |                 |                                                                                     |                 |          |                                                    |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |       |     |                |    |                                        |              |          |     |       |               |                                         |        |        |      |                    |     |                                        |  |      |              |      |              |                                         |                 |          |          |          |          |                                        |      |      |      |      |                        |                  |        |      |      |      |                                   |                                        |      |      |      |      |                                       |                          |      |      |       |      |                                                   |                                               |      |      |      |      |                                                           |                                  |                               |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                                |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |
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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>FEE CALCULATION</b><br><b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1105</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6" style="text-align: right;"><b>SUBTOTAL (1) (\$)</b> 0.00</td></tr> </tbody> </table> |                                                                                     | Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | Small Entity                                                               |          | Fee Description | Fee Paid                                                                            | Fee Code        | Fee (\$) | Fee Code                                           | Fee (\$) | 1001     | 750      | 2001 | 375 | Utility filing fee |    | 1002                                | 330 | 2002 | 165 | Design filing fee |    | 1003                                                 | 520 | 2003 | 260 | Plant filing fee |     | 1004                      | 750 | 2004 | 375   | Reissue filing fee |       | 1105                                                   | 160 | 2005 | 80   | Provisional filing fee |      | <b>SUBTOTAL (1) (\$)</b> 0.00                          |  |      |        |      |        | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Extra</th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th>- 24** =</th> <th>0</th> <th>X 9 =</th> </tr> </thead> <tbody> <tr> <td>Indep. Claims</td> <td>4 - 4** =</td> <td>0</td> <td>X 42 =</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6" style="text-align: right;"><b>SUBTOTAL (2) (\$)</b> 0.00</td></tr> </tbody> </table> |  | Extra |     | Fee from below |    | Fee Paid                               | Total Claims | - 24** = | 0   | X 9 = | Indep. Claims | 4 - 4** =                               | 0      | X 42 = | 0.00 | Multiple Dependent |     |                                        |  |      | Large Entity |      | Small Entity |                                         | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)                               | 1202 | 18   | 2202 | 9    | Claims in excess of 20 |                  | 1201   | 84   | 2201 | 42   | Independent claims in excess of 3 |                                        | 1203 | 280  | 2203 | 140  | Multiple dependent claim, if not paid |                          | 1204 | 84   | 2204  | 42   | **Reissue independent claims over original patent |                                               | 1205 | 18   | 2205 | 9    | **Reissue claims in excess of 20 and over original patent |                                  | <b>SUBTOTAL (2) (\$)</b> 0.00 |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                                |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |
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| **or number previously paid, if greater; For Reissue, see above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     | Other fee (specify) _____<br>* Reduced by Basic Filing Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>SUBMITTED BY</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name (Print/Type)</td> <td>Peter A. Jackman</td> <td>Registration No. (Attorney/Agent)</td> <td>45,986</td> </tr> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>8/11/03</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Peter A. Jackman     | Registration No. (Attorney/Agent)                                          | 45,986   | Signature       |  | Date            | 8/11/03  | Complete (if applicable)<br>Telephone 202-371-2600 |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |       |     |                |    |                                        |              |          |     |       |               |                                         |        |        |      |                    |     |                                        |  |      |              |      |              |                                         |                 |          |          |          |          |                                        |      |      |      |      |                        |                  |        |      |      |      |                                   |                                        |      |      |      |      |                                       |                          |      |      |       |      |                                                   |                                               |      |      |      |      |                                                           |                                  |                               |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                                |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Peter A. Jackman                                                                    | Registration No. (Attorney/Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Date                            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                |    |                                     |     |      |     |                   |    |                                                      |     |      |     |                  |     |                           |     |      |       |                    |       |                                                        |     |      |      |                        |      |                                                        |  |      |        |      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                          |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                                |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |

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